

## SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

• 02-236

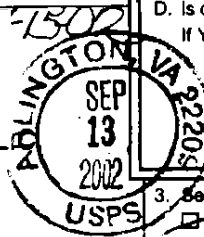
Howard M. Weiss

Fletcher, Heald &amp; Hildreth, P.L.L.C.

1300 North 17th Street

11th Floor

Arlington, VA 22209



## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) E. Date of Delivery

C. Signature

X *Aaron Taylor* ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

0023 0771 5680

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 02-236

CERTIFIED

MAIL

RETURN

RECEIPT

SEP 12 2002

FCC-MAILROOM

NAME: Howard M. Weiss  
 1300 North 17th Street  
 11th Floor  
 Arlington, VA 22209

ORDER DATED

8-15-02

FCC 02-236

RECEIVED &amp; INSPECTED

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ .83

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 4.88

Name (Please Print Clearly) (to be completed by addressee)

Howard M. Weiss

Street, Apt. No. or PO Box No.

1300 North 17th Street

City, State, ZIP+4

Arlington, VA 22209

0995 1720 0223 0000 0090 0000

SEP 12 2002

MD USPS-20791

See Reverse for Instructions